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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 11252-006**First Named Inventor** NAYLOR**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRADE AGGREGATION SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name John F. Letchford

Address 260 S. Broad Street

City Philadelphia

State PA

ZIP 19102

Country USA

Telephone 215-569-3495

Fax 215-568-6603

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Mark Jeremy Melville

Family Name
or Surname NAYLOR

Inventor's
Signature

Date

Residence: City Tadworth

State

Country UK

Citizenship UK

Mailing Address Heathfield House, 55 Green Lane, Lower Kingswood, Surrey

City Tadworth

State

ZIP KT20 6TJ

Country UK

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Alfred Neil

Family Name
or Surname FLETCHER

Inventor's
Signature

Date

Residence: City London

State

Country UK

Citizenship UK

Mailing Address 20 Norman Road, South Wimbledon

City London

State

ZIP SW19 1BN

Country UK

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Harry Justin

BARMAN

Inventor's
Signature

Date

Residence: City Richmond

State

Country UK

Citizenship UK

Mailing Address 2 Chelwood Gardens, Kew, Surrey

Mailing Address

City Richmond

State

ZIP TW9 4JQ

Country UK

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

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City

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Given Name (first and middle [if any])

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Inventor's
Signature

Date

Residence: City

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|-------------------------------|--------------------------|
| Application Number | |
| Filing Date | 03/30/2001 |
| First Named Inventor | NAYLOR |
| Title | TRADE AGGREGATION SYSTEM |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 11252-006 |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

| Name | Registration Number |
|-------------------|---------------------|
| John F. Letchford | 33,328 |
| Steven J. Gelman | 41,034 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

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Label here

| | | | | | |
|---|---|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Klehr, Harrison, Harvey, Branzburg & Ellers | | | | |
| Address | 260 South Broad Street | | | | |
| Address | | | | | |
| City | Philadelphia | State | PA | Zip | 19102 |
| Country | USA | | | | |
| Telephone | 215-569-3495 | Fax | 215-568-6603 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-----------------------------|
| Name | Mark Jeremy Melville Taylor |
| Signature | |
| Date | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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☒ Firm or
Individual Name

Klehr, Harrison, Harvey, Branzburg & Ellers

Address 260 South Broad Street

Address

City Philadelphia State PA Zip 19102

Country USA

Telephone 215-569-3495 Fax 215-568-6603

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SIGNATURE of Applicant or Assignee of Record

Name Alfred Neil Fletcher

Signature

Date

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|---|---|-------|--------------|-----|-------|
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SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---------------------|
| Name | Harry Justin Barman |
| Signature | |
| Date | |

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